

West Bengal Form No. 815

Plate No. 812
Register No.

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name A. Hussain Age 1 Sex M

Address _____

Physician / Surgeon _____ Ward _____ No. of bed/cabin _____

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

ncet

Beau's

Particular point to be investigated

Instructions

Date

18/8

Signature

A

Report